



PCN DES Outline Specifications consultation and costings update

Thanks for your input and support with the recent PCN DES Specifications consultation. The numbers speak for themselves. The overwhelming mood is one of frustration with loudly voiced opposition and anger to the NHSE&I proposals.

We received 725 responses in just one week with 88% feeding back that NHSE&I's published draft Specifications would decrease PCN stability, and 94% saying that they would decrease practice financial stability. Grass roots GP practices sent a clear message to NHSE&I that however many opportunities the system believes PCNs may offer, it is core general practice that is key to delivering them and it is the core of general practice that must also be sustained. Armed with all the numbers and analysis garnered from the more detailed feedback in the free text boxes, Londonwide GPs and practices' feelings were fully represented at last week's GPC meeting where the NHSE&I proposals were overwhelmingly rejected and an emergency motion to hold a Special Conference of LMC Representatives was overwhelmingly supported. This will take place once further negotiations are completed.

The point has been made loud and clear that the Service Specifications will need to be delivered by the whole practice team and will have a significant impact on practice viability over the coming year. Headline figures from the responses we received are below.

We are also grateful to Londonwide LMCs' Medical Director Dr Elliott Singer for his work on modelling possible delivery costs for two of the new Service Specifications. His modelling reveals that the resources required to deliver just two of the five draft PCN DES Outline Service Specifications far outstrip the resource aligned with the outlined measures. You can read his calculations here, with indicative headlines for the workings on the Structured Medications Review below.

Indicative Structured Medication Review (SMR) workload requirement/ costings per PCN

Note: at the time of writing (22/01/2020) negotiations are ongoing.

Workings indicate that a PCN covering 50,000 patients with average instances of reported incidents (based on nationally provided figures) would require the following:

Allowing for an average time per SMR 20minutes (double consultation), which is a maximum of 12 SMRs per 4h session; A WTE pharmacist working 10 sessions per week = capacity of 400 sessions per annum = 4,800 SMRs per annum.

Calculations indicate an average of 4,739 SMR per PCN (across: care home, polypharmacy, multiple LTCs, falls, severe frailty).

Requirement to cover this SMR Specification = 1 WTE pharmacist

If you add-in patients on hypertensive, antiplatelet or NSAID, but take from this figure the ones on 10+ medications this will require an additional 13,644 SMRs per annum per PCN.

A WTE pharmacist would need to work an additional 1,137 sessions per annum to complete this add-on work.

Requirement to cover the additional activity to SMR specification = extra 2.8 WTE pharmacists

Additional cost for a clinical lead to oversee and support pharmacist in this work assuming 5% of patients (237-919 patients) need further review = 20-77 sessions per annum.

Clinical lead support = 0.4-1.5 sessions per week

Administrative support to maintain register and ensure the patient is invited and attends appointment, assuming on average take 10min per patient per annum = 790-3,063 hrs per annum.

Administrative support = 0.4-1.6 WTE

Cost of office disposables, equipment use, building wear/ tear, room use etc not included.

The draft specifications and contract documents currently indicate that PCNs will be reimbursed up to 70% of costs for pharmacist positions up to 3.8 roles.

PCNs are liable for the additional 30% salary costs for pharmacists conducting the SMR, and for costs associated with clinical and administrative support and office disposables.

Headline figures from the responses we recieved

Q1.

Does delivering these Service Specifications increase or decrease the stability of your practice in relation to:

Number of responses (Base: 725, no answer: 28)

Percentage response

Decrease or similar Financial stability

655

94%

Decrease or similar Workforce stability

639

91.7%

Decrease or similar PCN viability

611

88%

Q2.

Are the resources outlined in the Service Specifications proportionate to the activity your practice and PCN would be delivering?

Number of responses

Percentage response

No or similar

716

98.8%

Q3.

Are there sufficient numbers of GPs within your practice and PCN to deliver the GP led activity envisioned in the Service Specifications, oversee the other roles who will be delivering activity and manage the DES?

Number of responses

Percentage response

No or similar

719

99.2%

Q4.

Are there sufficient numbers of the other roles within your practice and PCN to deliver the non-GP led activity envisioned in the Service Specifications?
Are you confident that you will be able to recruit to these posts in the time frames set out in the event more staff are required?

Number of responses

Percentage response

No or similar

716

98.8%

For information, the Londonwide LMCs' survey (now closed) can be seen [here](#).